

# Yes-SARS Case Report Supplement

Date modified: 04/29/2004

## Report Information

|                                    |  |             |
|------------------------------------|--|-------------|
| Investigator Name:                 | PMD and other providers (name, location, phone numbers): | SARS ID#    |
| Date of report: ____/____/____     |  | State ID#   |
| Invest. begin date: ____/____/____ |  | CDC #       |
|                                    |  | Cluster ID# |

## Medical Care Information

|                           |                                     |   |  |                                  |                                |
|---------------------------|-------------------------------------|---|--|----------------------------------|--------------------------------|
| Status at time of report: | <input type="checkbox"/> Inpatient  | <input type="checkbox"/> Previously inpatient, now discharged | <input type="checkbox"/> In ER, will admit     | <input type="checkbox"/> Expired | <input type="checkbox"/> Other |
|                           | <input type="checkbox"/> Outpatient |   | <input type="checkbox"/> In ER, will discharge |                                  |                                |

## 72-Hour Evaluation

|  |  |
|--|--|
| Was 72-hour isolation initiated? <input type="checkbox"/> No <input type="checkbox"/> Yes  | Was a second 72-hour isolation initiated? <input type="checkbox"/> No <input type="checkbox"/> Yes   |
| Date isolation starts: ____/____/____ Date ends: ____/____/____  | Date isolation starts: ____/____/____ Date ends: ____/____/____  |
| Date      Respiratory symptoms? Describe:      Fever?  | Date      Respiratory symptoms? Describe:      Fever?  |
| ____/____/____ <input type="checkbox"/>  | ____/____/____ <input type="checkbox"/>  |
| ____/____/____ <input type="checkbox"/>  | ____/____/____ <input type="checkbox"/>  |
| ____/____/____ <input type="checkbox"/>  | ____/____/____ <input type="checkbox"/>  |
| Outcome of <b>first</b> 72-hour isolation:<br><input type="checkbox"/> Symptoms improved or resolved, lift restrictions<br><input type="checkbox"/> Persistent fever or unresolving respiratory symptoms, initiate SARS Co-V testing and second 72-hour isolation<br><input type="checkbox"/> Radiographic evidence of pneumonia → re-classify case, initiate complete investigation and SARS Co-V testing | Repeat clinical evaluation and CXR.<br>Outcome of <b>second</b> 72-hour isolation:<br><input type="checkbox"/> No radiographic evidence of pneumonia, lift restrictions<br><input type="checkbox"/> Radiographic evidence of pneumonia → initiate complete investigation and SARS Co-V testing |

Date acute symptoms ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Patient Monitoring

Patients with radiographic evidence of pneumonia who have lab evidence of SARS Co-V or no alternative diagnosis should be followed for 10 days after resolution of fever given respiratory symptoms are absent or resolving.

Date monitoring ends: \_\_\_\_/\_\_\_\_/\_\_\_\_

| Date                         | Contacted patient?                                | Disposition | Fever?  | Respiratory symptoms? Describe   | Comments        |
|------------------------------|---|-------------|---|--|-----------------|
|                              | Yes No  |             | Yes No  | Yes No   |                 |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |
| *Re-evaluate patient at 72 h |   |             |   | Disposition at 72 h:<br>Alternative diagnosis found? <input type="checkbox"/> No <input type="checkbox"/> Yes<br><input type="checkbox"/> Continue monitoring and isolation precautions<br><input type="checkbox"/> D/C SARS isolation precautions | Initials: _____ |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |
| ____/____/____               | <input type="checkbox"/> <input type="checkbox"/> |             | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>  |                 |

Notes:

## Actions Taken/Needed

|   |                     |  |                     |
|---|---------------------|--|---------------------|
| <input type="checkbox"/> Report to DOH            | Date ____/____/____ | <input type="checkbox"/> Mail voluntary isolation letter | Date ____/____/____ |
| <input type="checkbox"/> Report to CDC            | Date ____/____/____ | <input type="checkbox"/> Voluntary letter given by HCP?  | Date ____/____/____ |
| <input type="checkbox"/> Report to DQ             | Date ____/____/____ | Control # _____  |                     |
| <input type="checkbox"/> Report to other county   | Date ____/____/____ | <input type="checkbox"/>                                 | Date ____/____/____ |
| <input type="checkbox"/> Collect acute specimens  | Date ____/____/____ | <input type="checkbox"/>                                 | Date ____/____/____ |
| <input type="checkbox"/> Collect convalesc. serum | Date ____/____/____ | <input type="checkbox"/>                                 | Date ____/____/____ |
| <input type="checkbox"/> Explain isolation        | Date ____/____/____ | <input type="checkbox"/>                                 | Date ____/____/____ |
| <input type="checkbox"/> Referral to I & Q team   | Date ____/____/____ | <input type="checkbox"/>                                 | Date ____/____/____ |

Entry Order 3

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Public Health—Seattle & King County